ARIZONA FORM 140X

Individual Amended Return

1995

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

	For ca	ilend	ar ye	ear 19 or fiscal year beginning, 1	9 a	and end	ling			, 19			66		
First name and initial - If joint return also give spouse's name & initial				Last name					Your social	security	/ numbe	er			
Present home address - number and street, including apartment number or rural rou				Apt. No. Daytim		Daytime te	telephone Spouse		Spouse's so	cial sed	curity nu	ımber			
2						()									
City, town or post office State ZIP code Hom 94				ne telephone					For D	OR use	only				
ŀ		and a	ddres	s on original return (if same, write "Same")	()										
ŀ		Ol-		the first back (filtred above and a side of the second		On (Original On This								
	' 0			x to indicate both filing status and residency status ed filing joint return		4	eturn Return	88							
	tatus			of household - <i>name of qualifying dependent</i>		5									
Filing Status		6 Married filing separately Spouse's name Soc. sec. no				6		81							
	⊞			se's name Soc. sec. no		7			Check only	one:	97				
ŀ				ent		8		Original Form Filed	Form 140A	one:					
	sidency Status			sident		9		Form	Form 140NPR					3	
	Residency Status		-	ear residentear resident active military		10 11		jinal	Form 140P	Yected percenta			5		_
L	<u></u>		-	esident active military		12		Oriç	Arizona res	sidency if 140N	ŇPR, N	R or PY	,		%
ı	ncome		IMP	ORTANT: In order for your amended return to be processed, you n			unt AMOU	(a) NT REPO	ORTED	(b) AMOUNT TO) BE		(c) CORRECTED	ı	
			12	in columns (a), (b) and (c) for lines 13 through 17 and lines 19, 2 Federal adjusted gross income/Arizona gross income			ON	ORIGIN		ADDED (SUBTR		13	AMOUNT		
See instructions		ns		Arizona adjusted gross income								14			
				Deductions (Itemized or Standard)								15			
				Personal exemptions								16			
			17 Arizona taxable income. Subtract lines 15 and 16 from line 14									17			
	igurin 'our	g	18 Tax from tax rate table: ☐ Table X or Y (140, 140NPR, 140NR or 140PY) ☐ Optional Table (140 or 140A) 19 Tax from recapture of credits from Arizona Form 301, Part II									18 19			
	ax		20 Subtotal of tax. Add lines 18 and 19, column c								20				
				Family income tax credit (1995)								21			
				Credits: from Arizona Schedules CR, CRH, or Form 301, P				3	_	3		22			
				Credit type - <i>enter form number of each credit claimed</i> Total credit. <i>Add lines 21 and 22, column c</i>								24			
				Total tax. Subtract line 24 from line 20. If line 24 is more that								25			
P	aymer	its/	26 Payments (withholding, estimated, or extension). See page 2, Part III A								26				
Credits			27	Special tax credits: Property Renter's (for 1991))	 I .		1		1	<u> </u>	27			
			28 Parcel ID number (for 1991)									29			
				30 Federal retiree credit applied to original return								30			
			31 Total payments and special tax credits. Add lines 26, 27, 29, and 30, column c									31			
Refund or 32 Overpayment from original return												32			
	un Du	•	33 Balance of credits. Subtract line 32 from line 31								34				
Attach		35 Amount to be applied to 1996 estimated tax. If zero, enter "0"								35					
check or money			36 AMOUNT OWED. If line 25 is more than line 33, subtract line 33 from line 25 and enter amount owed									36			
	rder		 37 Enter the amount from line 14, column c that pertains to your Federal retirement contribution 37 38 Have you ever been advised that your original return is being or will be audited by the Arizona Department of Revenue 									DOR U	ISE ONLY		
				or the Internal Revenue Service? YES No	-							82		99	
			I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and comple										plete.		
	lease ign		You	Your signature Date Occupation											
	lere		Spo	ouse's signature	Date			Sp	ouse's occup	oation					
P	aid		Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												
Preparer's			Pre	parer's signature [Date Firm's name (preparer's if self-employed)										
lı	nforma	tion	Pre	parer's TIN	Preparer's	parer's address									

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PART I Exemptions Do not list yourself or spouse as dependents	1 Age 65 or over	other dependents referes related to you. If m	elated to you. ore space is need Soc. Sec. No.	(a) Number Reported	(b) Net Change Relationship	Soc. Sec	(c) ted Number
	List dependents who are Anzona i						
PART II Income, Deductions, and Credits	List the line reference from page 1 fo If the change(s) pertain(s) to an IRS attach a copy, plus all supporting sch	audit, please attach					
PART III Payments	A. Payments (Withholding, Est., Ext.) 5 Estimated payment	orm(s) W-2					